

rec'd 26/4

26 days Appendix 1
2415

MAN: 019661



Hillingdon
Application for a premises licence
Licensing Act 2003

For help contact
applicationsprocessingteam@hillington.gov.uk
Telephone: 01895 558170

* required information

Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

PRE-LIC-APP-1 Eastbury Road XN

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Yes

No

Applicant Details

* First name

Adil

* Family name

CHAGAMI

* E-mail

aspect25@live.co.uk

Main telephone number

07821427900

Include country code.

Other telephone number

07920487759

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Other telephone number

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Address official correspondence should be sent to.

Your Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 19

PREMISES DETAILS

Continued from previous page...

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Postal Address Of Premises

Building number or name	Hard Eight
Street	1 Eastbury Avenue
District	
City or town	Northwood
County or administrative area	Middlesex
Postcode	HA6 3BG
Country	United Kingdom

Further Details

Telephone number	
Non-domestic rateable value of premises (£)	41,750

Section 3 of 19**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 19**INDIVIDUAL APPLICANT DETAILS****Applicant Name**

Is the name the same as (or similar to) the details given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes

No

First name

Adil

Family name

CHAGAMI

Is the applicant 18 years of age or older?

Yes

No

Continued from previous page...

Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

 Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

 Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail

Telephone number

Other telephone number

Section 5 of 19**OPERATING SCHEDULE**

When do you want the premises licence to start?

 / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end

 / /
dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.

This is an application for a gourmet burger restaurant offering a selection of high quality food, soft drinks, hot beverages and alcohol. The premises will be open from early morning to provide hot beverages, breakfasts and snacks for commuters and other clientele.

Continued from previous page...

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

Will you be providing plays?

Yes

No

Section 7 of 19

PROVISION OF FILMS

Will you be providing films?

Yes

No

Section 8 of 19

PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

Yes

No

Section 9 of 19

PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

Yes

No

Section 10 of 19

PROVISION OF LIVE MUSIC

Will you be providing live music?

Yes

No

Section 11 of 19

PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Yes

No

Section 12 of 19

PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Yes

No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes

No

Continued from previous page...

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

 Yes No

Standard Days And Timings

MONDAY

Start End Start End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start End Start End

WEDNESDAY

Start End Start End

THURSDAY

Start End Start End

FRIDAY

Start End Start End

SATURDAY

Start End Start End

SUNDAY

Start End Start End

Will the provision of late night refreshment take place indoors or outdoors or both?

 Indoors Outdoors Both

Where taking place in a building or other
structure tick as appropriate. Indoors may
include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

N/A

Continued from previous page...

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

Continued from previous page...

SATURDAY

Start 09:00

End 00:00

Start

End

SUNDAY

Start 09:00

End 00:00

Start

End

Will the sale of alcohol be for consumption:

- On the premises
 Off the premises
 Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name

First name

Family name

Continued from previous page...

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

Not Applicable

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

Start

End

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

Continued from previous page...

TUESDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

WEDNESDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

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LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

In addition to the mandatory conditions please see below.

b) The prevention of crime and disorder

Alcohol will only be served with a meal and whilst waiting for a table.

c) Public safety

Fire exits to be kept clear.

d) The prevention of public nuisance

Signage requesting patrons to leave quietly.

e) The protection of children from harm

In line with the mandatory conditions a proof of age policy will operate within the premises.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Premises' licence fees are determined by the non-domestic rateable value of the premises. To find out a premises' non-domestic rateable value, go to the Valuation Office Agency website at http://www.voa.gov.uk/business_rates/index.htm. For full details, refer to the 'Fees for Applications' webpage: <http://www.hillingdon.gov.uk/media.jsp?mediaid=22879&filetype=pdf>

* Fee amount (£)

315.00

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

Nigel Charlton

Continued from previous page...

* Capacity

Licensing Consultant

* Date

26	/	04	/	2015
dd		mm		yyyy

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/hillingdon/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

OFFICE USE ONLY

Applicant reference number

PRE-LIC-APP-1 Eastbury Road XN

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status

Payment authorisation code

Payment authorisation date

Date and time submitted

Approval deadline

Error message

Is Digitally signed

< Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Next >

Appendix 1

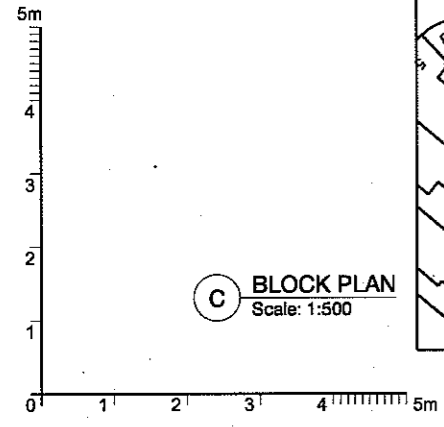
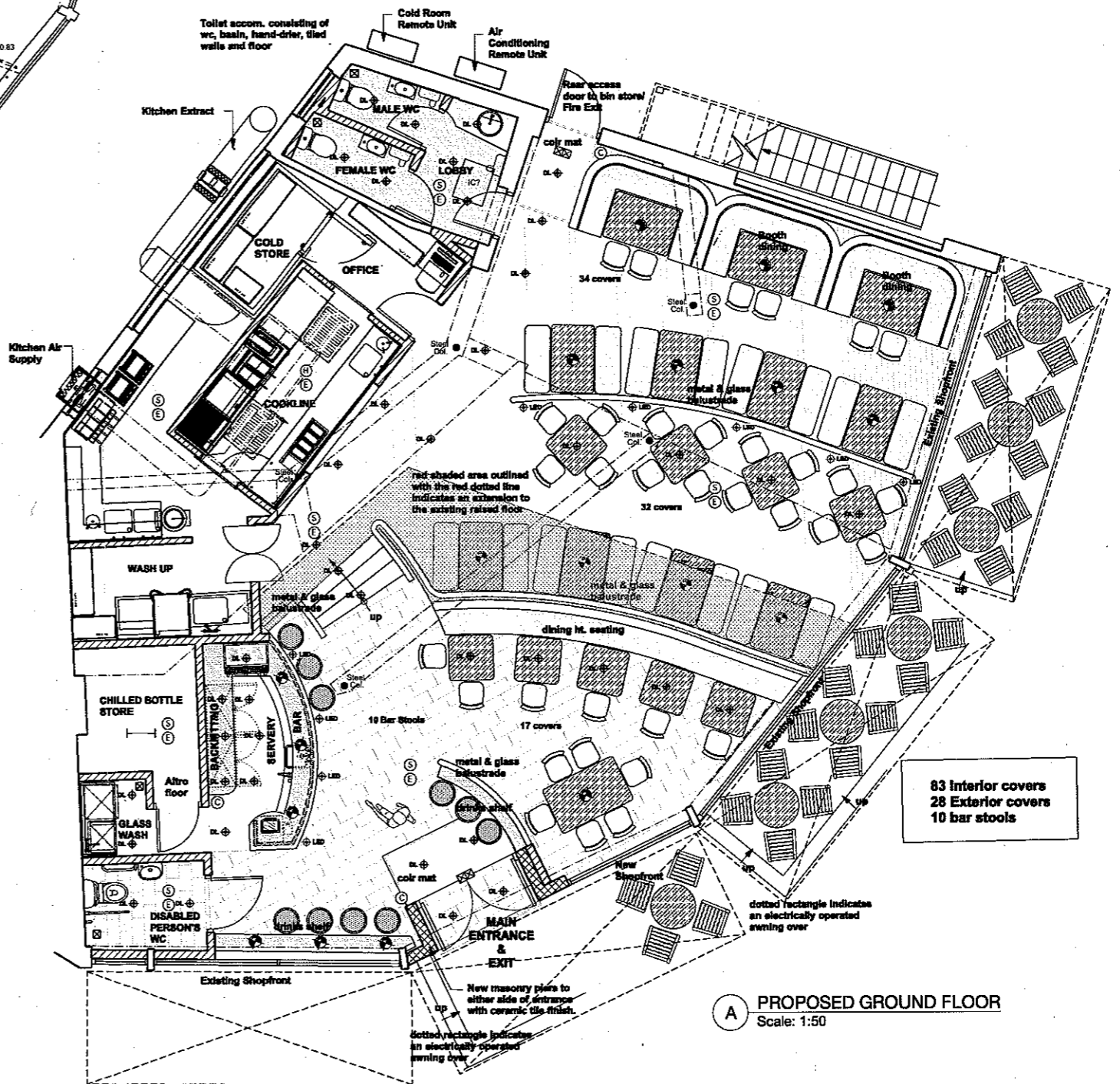
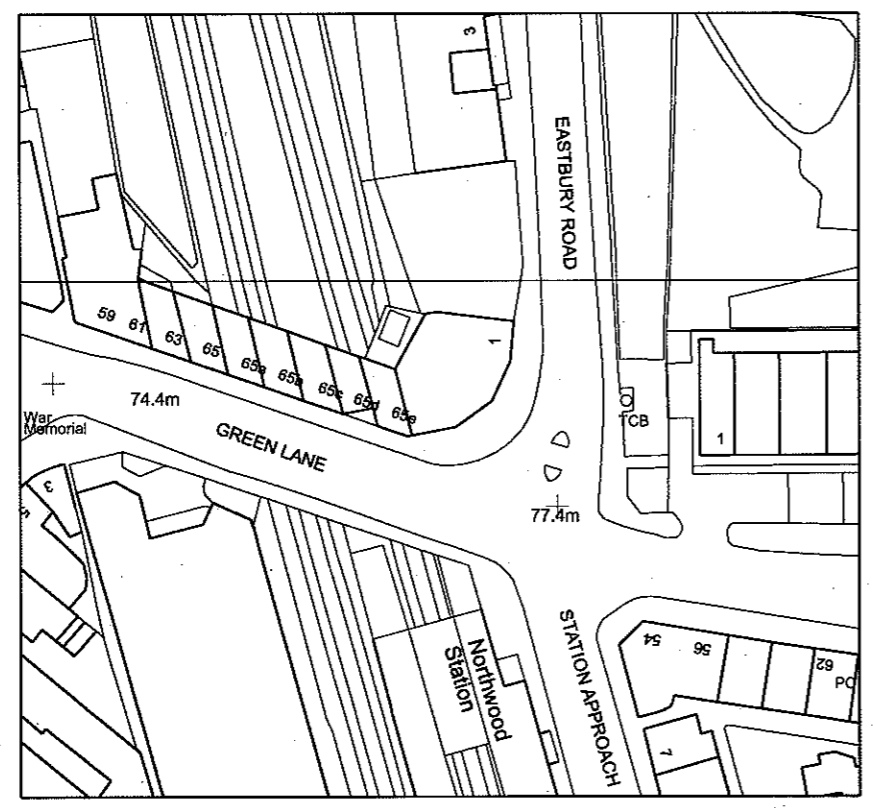
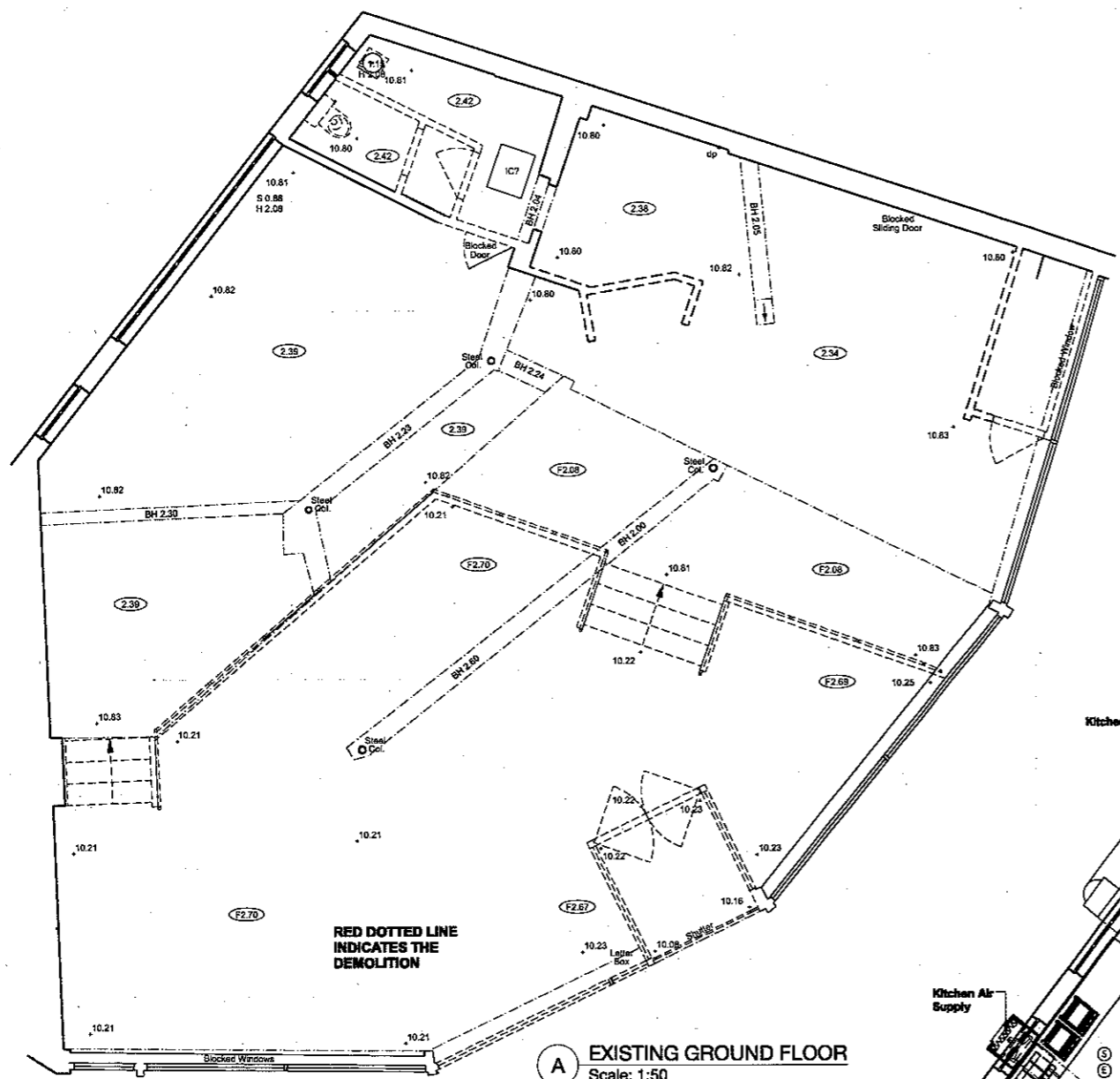
NOTES
 CONTRACTORS MUST VERIFY ALL DIMENSIONS ON SITE BEFORE COMMENCING ANY WORK. REQUIRED DIMENSIONS TO TAKE PRECEDENCE OVER SCALED DIMENSIONS. CONTRACTORS MUST NOT SCALE FROM THIS DRAWING UNLESS EXPRESS INSTRUCTIONS ARE GIVEN BY SAMPSON ASSOCIATES. THE COPYRIGHT OF THIS DRAWING IS RESERVED. THE DRAWING MUST NOT BE DISCLOSED WITHOUT AUTHORITY.

Rev 02 31/04/14 MC
 Colouring kitchen details added, extraction system added, remote chillers added, existing shopfront retained throughout except new entrance.

- ELECTRICAL KEY**
- Power
 - 13a Twin Switched Socket Outlet (TSSO)
 - 13a Single Switched Socket Outlet (SSSO)
 - 5a Spur Socket Outlet
 - 20a Fused Spur Outlet
 - Fused Spur
 - Shaver Socket
 - Lighting
 - Switch
 - Downlight
 - Downlight (high circuit efficacy)
 - Pendant
 - Wall Bracket
 - Table Lamp
 - Floor Lamp
 - General Light Fitting
 - Floor mounted LED uplighter
 - Fluorescent Batten
 - Wall Mounted Bulkhead Fitting
 - External Lantern
 - External Batten
 - Garden Spot Light
 - Recessed Wall Light
 - Communications
 - Telephone Point
 - Entry Phone
 - Aerial (TV)
 - Speaker
 - Audio/ Visual Connection
 - Other
 - Extract Fan

- FIRE KEY**
- Fire Alarm - Smoke Detector
 - Fire Alarm - Heat Detector
 - Fire Alarm - Sounder
 - Fire Alarm - Visual Indicator
 - Fire Alarm - Call Point (break glass)
 - Fire Alarm - Indicator Panel
 - Internally Illuminated Fire Exit Sign
 - Emergency Light (3hr)
 - Directional Arrow Sign
 - Secure Door in Open Position Sign
 - Fire Exit Sign
 - Fire Door FD30S
 - CCTV Camera
- FIRE EXTINGUISHERS**
- Water
 - CO2
 - Fire Blanket
 - Class F (Wet Chemical)
 - Dry Powder
 - Foam

- CONSTRUCTION KEY**
- New Walls
 - Masonry - brickwork
 - Masonry - blockwork
 - Stud - Timber/ Metal as noted below
 - Cladding
 - Overhead feature e.g. beam/ rooflight/ etc.
 - New beam
 - Drainage
 - existing below ground drainage (assumed)
 - new 100mm dia below ground drainage run
 - Soil Pipe (SVP or Stub Stack)
 - Misc.
 - Water supply/ tap
 - Vision Panel
 - Radiator



CLIENT: SOAR INVESTMENTS (CO) LTD	DRAWN BY: JS	SCALE @ A1: 1:50	DATE: 26/17/01/02
	SITE: 1 EASTBURY RD, NORTHWOOD		
DRAWING AND PROPOSED TITLE: EXISTING AND PROPOSED GROUND FLOOR			

SAMPSON ASSOCIATES
 ARCHITECTS & INTERIOR DESIGNERS
 1007B, THE BECULT PASS, WIMBORNE, DORSET, BH20 9JG
 TEL: +44(0)1202 7394 8850 FAX: +44(0)1202 7394 8851 E-MAIL: info@sampsonassociates.co.uk